

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/673738**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2						
3		/		/		/
4		2		/		/
5		2		/		/
6		2		/		/
7		1		/		/
8	/		/		/	
9		1		/		/
10		2		/		/
11		2		/		/
12		2		/		/
13		2		/		/
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15		2		/		/
16		2		/		/
17		2		/		/
18		2		/		/
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	21	↓	43	↓	19	↓
TOTAL CLAIMS	23		45		21	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS